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THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

CHOTILDE ZACATECO

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

14-cv-5680

Judge Joan B. Gottschall
Magistrate Judge Susan E. Cox

vs.

Thomas Dart

Cook County Jail

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: N/A
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: _____
Title: _____
Place of Employment: _____
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On the day of April, 17, 2014, I was placed in Division 3 Annex. Upon being placed in my tier, I noticed mold growing on the ceiling. A medium sized trash can been used to catch rain that falls in the opening in the ceiling. Breathing has become a challenge due to a poor ventilation system. Cold air flows forcefully through heating vents. During my first month, I fell ill due to extremely cold showers and the cold air that blows relentlessly through vents. A brownish looking fungus sits on different sections of the ceiling where rain water leaks through shower heads spray brown water due to excessive rust buildup paint on the shower walls are chipping bug are in the showers also, toilets back-up numerous times a week with a dark colored liquid due to cruel and harsh punishment. while in the custody of the doc I would like to be financially compensated for pain, suffering I had to endure.

I would like to add that my bunk
is under the leaking ceiling and
trash can.

that's used to catch the water
from the leaking ceiling. That I talked
about in my statement of claim IV

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated for
the time spent in Division 3 Under
the stated living conditions

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 18th day of MAY, 20 14

CLOTILDE, ZACATENCO

Clotilde Zacate

(Signature of plaintiff or plaintiffs)

CLOTILDE ZACATENCO

(Print name)

20140417219

(I.D. Number)

COOK County Department of
Corrections P.O. Box 089002 DIV-3

Anx C-4 Chicago IL 60608

(Address)